



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

E	New	Vendor Code		Dept.	Contract Number	
M	<input checked="" type="checkbox"/> Change			SC	A	97-236 A-1
X	Cancel					
County Department				Dept.	Orgn.	Contractor's License No.
ARROWHEAD REGIONAL MEDICAL CENTER						
County Department Contract Representative				Ph. Ext.	Amount of Contract	
CHARLES R. JERVIS, DIRECTOR				06100	\$	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number
EAD	MCR	MCR	200	2445		
Commodity Code			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	FY Amount I/D
Project Name						
Institutional Pharmacy Services, Inc.			FY	\$		
			FY	\$		

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name
INSTITUTIONAL PHARMACY SERVICES, INC.

hereinafter called CONTRACTOR

Address

PO BOX 3946

SAN BERNARDINO, CA 92413

Phone

(909) 387-8140

Birth Date

Federal ID No. or Social Security No.

95-3509656

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT #1 AGREEMENT 97-236

- Paragraph 5.01 is amended to read as follows:

5.01

As and for consideration for the things to be done and performed by IPS under this Agreement, Hospital shall pay to IPS at such time or times as hereinafter set forth, the following amounts:

- Inpatient Fees (Non Psychiatric): A per capita patient management fee of \$35.59 effective January 1, 1997, for each inpatient day computed monthly. One "inpatient day" means one patient admitted and confined to the Arrowhead Regional Medical Center (ARMC) for one day or any part thereof, excluding newborn children confined to the nursery and psychiatric inpatients, but including newborn children confined in the intensive care area. The daily patient management fee shall equal the number of patients admitted or confined to the ARMC for any given day multiplied by \$35.59 effective January 1, 1997. The monthly patient management fee shall equal the sum total of all daily patient management fees for that month; provided, however, the minimum monthly per capita patient management fee shall be computed and paid upon a figure never less than 4,216 monthly inpatient days; and provided, further, whenever, in any one fiscal year, the actual hospital census falls below 85 percent of the monthly

minimum for three consecutive months, then the monthly minimum will be reduced to 3,584 monthly patient days during that fiscal year only.

- (a)(2) Inpatient Fees (Psychiatric): A per capita management fee of Seven Dollars and Twenty-Two Cents (\$7.22) for Behavioral Health inpatient days computed monthly. One "Behavioral Health inpatient day" means one (1) patient admitted and confined to the Behavioral Health Inpatient Facility for one (1) day or any part thereof. The daily patient management fee shall equal the number of patients admitted or confined to the Behavioral Health Inpatient Facility for any given day multiplied by Seven Dollars and Twenty-Two Cents (\$7.22). The monthly patient management fee shall equal the sum of all daily patient management fees for that month. This management fee will be adjusted semi-annually as provided in Paragraph 5.06
- (b) Outpatient Prescriptions: A professional fee of \$2.72 for the first 8,333 outpatient prescriptions per month; \$3.05 for prescriptions over 8,333 and up to 10,417; and \$3.70 for outpatient prescriptions per month over 10,417. "Outpatient prescription" is defined as a written order or a refill order for a specific amount of medication transmitted by any person legally authorized to prescribe and assigned an identification number as required by law, which has been dispensed by the Pharmacy under hospital guidelines which are in existence
- (c) Date for Payment of Moneys: On or before the first day of each calendar month, Hospital will pay, in advance, the estimated inpatient and outpatient fees due IPS. The amount estimated will be based on the monthly minimum number of patient days for inpatients per 5.01(a) and 7,500 prescriptions. On or before the tenth day following each calendar month, IPS will submit a monthly statement setting forth the actual inpatient and outpatient fees, which statement shall reflect any balances due IPS or any credit due Hospital after crediting the estimated advance payments. The statement of IPS shall be accompanied by a copy of the prescription ledger reflecting the prescriptions dispensed for that month. If Hospital disputes the accuracy of any statement, Hospital shall give written notice to IPS within 60 days after its receipt of the statement to which objection is made. If written objection by Hospital is not forthcoming within said 60-day period, the amount of said statement shall be presumed to be correct and that presumption shall be conclusive. Payments due either party shall be made within 30 days after receipt of statement, unless Hospital disputes the accuracy of that statement.

In the event Hospital objects to any portion of any given statement, Hospital shall pay, in a timely manner as above set forth, all amounts to which its objections do not extend and withhold payment only as to that portion of the statement to which the objections relate, and the disputed portion of the statement shall be resolved by subsequent agreement, compromise, or litigation.

- (d) Hospital agrees to reimburse IPS for Pharmacy Residents salaries, benefits, and housing allowances. The salary and housing allowance amounts will be equivalent to a Family Practice first-year resident. Benefits will be charged at 20 percent in addition to salary.

2. All other terms and conditions of Agreement No. 97-236 remain in full force and effect.

COUNTY OF SAN BERNARDINO

►

Jon D. Mikels, Chairman, Board of Supervisors

Dated _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD.

Clerk of the Board of Supervisors of the County of San Bernardino.

By _____
Deputy

INSTITUTIONAL PHARMACY SERVICES, INC.
(State if corporation, company, etc.)

By ►
JAMES COLEMAN

Dated _____

Title EXECUTIVE VICE PRESIDENT

Address PO BOX 3946

SAN BERNARDINO, CA 92413

Approved as to Legal Form

►

County Counsel

Date _____

Reviewed as to Affirmative Action

►

Date _____

Reviewed for Processing

►

Agency Administrator/CAO

Date _____